



**Division of Professional Regulation
Board of Cosmetology and Barbering**

Cannon Building, Suite 203
861 Silver Lake Blvd.
Dover Delaware 19904-2467

APPLICATION TO REGISTER A SHOP

Date of Application:		
Name of Owner:		
Home Address:		
City:	State:	Zip:
Owner's Home Phone:	Business Phone:	
Name of Business:		
**Business Address:		
City:	State:	Zip:

**** SHOP ADDRESS MUST HAVE ACTUAL MAIL RECEPTACLE TO RECEIVE MAIL**

Name and Delaware license number of cosmetologist/nail technician/barber, etc. who owns or will be working in shop: _____

Is this an existing salon/barber shop?

☐ YES
☐ NO

Date shop opened: _____

In order to register a shop, the applicant must submit to the Board suitable plans and specifications describing in detail all equipment and indicating floor area, floor covering, wall finish and any other necessary information. (See *Information Required by the Delaware Board of Cosmetology and Barbering For Plans Submitted for New Shops* for further details.)